



WMC

WISCONSIN'S BUSINESS VOICE

Wisconsin Manufacturers & Commerce PO Box 352 Madison, WI 53701-0352 www.wmc.org

TO: *FEC*

FROM: *James Buchen*

COMPANY:

PHONE: 608.258.3400 FAX: 608.258.3413

FAX:

PAGES (including cover) 3

DATE: *10/25/10*

MESSAGE:

FEC Form 5

Updated business lists now available from WMC & Harris. More than 250,000 Wisconsin companies are listed in these comprehensive databases. Lists are available in portable 'blue book' format, easy-to-use online Selectory databases, or customized to fit your sales, marketing, or research needs. Call Mike Shoys at (608) 258-3400 for product and pricing information.

If you are NOT receiving our newsletters by email and would like to receive them by email, please contact, Mary Anderson at maryanderson@wmc.org and let her know that you would like to receive them by email.

If you receive our newsletters by mail and would like to receive them by email, please contact Mary Anderson at maryanderson@wmc.org and let her know.

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Wisconsin Manufacturers and Commerce Issues Mobilization Council		3. FEC Identification Number C
(b) Address (number and street) check if different than previously reported 501 E. Washington Ave.		
(c) City, State and ZIP Code Madison WI 53704		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

1 0 2 6 2 0 1 0
THROUGH
1 1 0 1 2 0 1 0

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES **4 0 : 0 0 0 0 0**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
James Buchen	<i>James Buchen</i>	10/25/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Wisconsin Manufacturers and Commerce Issues Mobilization Council

Full Name (Last, First, Middle Initial) of Payee Ten Capitol		Date 10 26 2010
Mailing Address 12020 Sunrise Valley Dr.		Amount 40,000.00
City Reston	State VA	
Zip Code 20191		
Purpose of Expenditure Radio Ads	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Kapanke		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 64640.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40,000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	40,000.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARER
 (5/2004)

N/A
 DATE PREPARED